



Grant Contract Proposal Cover

Applicant/Organization:	_____
Project Director:	_____
Address:	_____
City, State, Zip:	_____
Telephone (include Area Code):	_____
Fax:	_____
E-Mail:	_____
Federal Identification No. (FID):	_____

Project Title:	_____
Grant Contract Period:	_____

_____ <i>Signature of Authorized Official</i>	_____ <i>Typed Name and Title</i>	_____ <i>Date</i>
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_____ <i>Signature of Financial Officer</i>	_____ <i>Typed Name and Title</i>	_____ <i>Date</i>
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